

1. CIR./DIST./DIV. CODE CAE		2. PERSON REPRESENTED Borrero, Edwardo		VOUCHER NUMBER				
3. MAG. DKT./DEF. NUMBER 5:04-002019-001		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER				
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. Borrero		8. PAYMENT CATEGORY Felony				
9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Criminal Case						
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 115C.F -- ASSAULT - FAMILY OF FEDERAL OFFICIAL								
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS TORRES, DAVID A. 1318 K STREET BAKERSFIELD CA 93301  Telephone Number: (661) 326-0857			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel      C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender      R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney      Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input checked="" type="checkbox"/> Other (See Instructions) Signature of Presiding Judicial Officer or By Order of the Court <i>Heeresa D. Feldman</i> Date of Order: 2/11/2004 2/20/2004 2/11/2004 Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES NO					
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)								
<b>CLAIM FOR SERVICES AND EXPENSES</b>								
				<b>FOR COURT USE ONLY</b>				
CATEGORIES (Attach itemization of services with dates)				HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	15. a. Arraignment and/or Plea			1				
	b. Bail and Detention Hearings							
	c. Motion Hearings							
	d. Trial							
	e. Sentencing Hearings							
	f. Revocation Hearings							
	g. Appeals Court							
	h. Other (Specify on additional sheets)							
(Rate per hour = \$ 90.00 )			TOTALS:	10.00				
Out of Court	16. a. Interviews and Conferences							
	b. Obtaining and reviewing records							
	c. Legal research and brief writing							
	d. Travel time							
	e. Investigative and Other work (Specify on additional sheets)							
(Rate per hour = \$ 90.00 )			TOTALS:	N/C				
17. Travel Expenses (lodging, parking, meals, mileage, etc.)								
18. Other Expenses (other than expert, transcripts, etc.)								
GRAND TOTALS (CLAIMED AND ADJUSTED):					90.00			
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM 2-11-04 TO 2-11-04					20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION 2/12/04		21. CASE DISPOSITION	
22. CLAIM STATUS <input checked="" type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: <i>Heeresa D. Feldman</i> Date: 10/20/04								
<b>APPROVED FOR PAYMENT - COURT USE ONLY</b>								
23. IN COURT COMP. \$90.00		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES		26. OTHER EXPENSES		27. TOTAL AMT. APPR. CERT \$90.00
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER <i>Heeresa D. Feldman</i>					DATE 9/12/2005		28a. JUDGE/MAG. JUDGE CODE 72BJ	
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES		32. OTHER EXPENSES		33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.					DATE		34a. JUDGE CODE	

SEP 08 2005

FEB 24 2004

